

GENERAL REQUIREMENTS: SCOPE OF WORK

General Description:

The Support Coordination-External (SCE) Contractor shall:

- A. Monitor the health and safety of persons in the Home and Community-Based Services (HCBS) Waiver in accordance with program requirements and the person's assessed service needs;
- B. Inform persons of available services and how to select from the providers that offer those services;
- C. Assist persons in obtaining the services they select;
- D. Coordinate the delivery of quality waiver services;
- E. Ensure the quality of the services delivered to each person and take the necessary steps, including notification of authorities with appropriate jurisdiction, to ensure such quality;
- F. Validate comprehensive assessments of persons enrolled in the HCBS Waiver and consult with DHS/DSPD as well as the State Medicaid Agency as well as Work Force Services to recertify/maintain eligibility and/or modify existing comprehensive assessments and service plans;
- G. Help persons assert their appellate rights to a fair hearing if the choices they make for services or providers are reduced or denied by DHS/DSPD or the State Medicaid Agency;
- H. Based on expected interactions with Persons and documentation reviews provide regular reassessments of each person's status and needs, including their health and safety needs, and recommend modifications to the person's Person Centered Service Plan (PCSP) based on these reassessments;
- I. Assist persons with gaining access to services provided under the Medicaid State Plan as well as gaining access to other non-Medicaid based resources that are assessed as being of benefit to them;
- J. Provide discharge-planning services for persons disenrolling from the HCBS Waiver to ensure safe and orderly disenrollment and transition to other available resources; and
- K. Seek consultation, technical assistance and authorization from DHS/DSPD as required.

Comment [ca1]: The Division sought to physically "combine" the 7/1/2011 Support Coordination Standards into this traditional contract format (RFP-DHS90514). Remaining Support Coordinator Standards are process focused and are now included as Appendix A in this same document. Future standards changes will require an amendment process.

Comment [ca2]: The General Desc section was reorganized but not changed except in "F".

Comment [ca3]: Added WFS to improve eligibility tracking

Comment [c4]: Clarified To better define "regular"

A. POPULATION SERVED:

The Contractor shall serve Persons currently receiving services from Department of Human Services/Division of Services for People with Disabilities (DHS/DSPD) who have intellectual disabilities and related conditions as defined in Utah Administrative Rule R539-1, or who are adults age 18 and older with acquired brain injury (ABI) as defined in Utah Administrative Rule R539-1-8 (UAC), including those receiving services in the DHS/DSPD Medicaid Utah Community Supports HCBS Waiver (UCSW) and the Utah Medicaid Acquired Brain Injury waiver (ABI).

B. CONTRACTOR QUALIFICATIONS:

The Contractor shall:

1. Be certified by DHS/DSPD in accordance with UCA 62A-5-103 as a qualified provider of services to persons with disabilities;
2. Be enrolled as an approved Medicaid Provider with the Utah Department of Health (DOH). The Contractor has the option to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor or the Contractor has the option to bill Medicaid directly. The Contractor shall also agree to participate in any DOH or DHS/DSPD provided Medicaid training.
3. Participate in any DHS/DSPD required training; and
4. Ensure Contractor and staff are familiar with and abide by the DHS/DSPD Code of Conduct prior to beginning employment, and ensure all of its staff review and sign the DHS/DSPD Code of Conduct at least once a year.

C. STAFF QUALIFICATION:

The Support Coordination-External (SCE) Contractor Staff shall:

1. Prior to serving Persons pursuant to this contract, the Contractor and all staff providing Support coordination or administrator/auditor function services shall, as determined by the Contractor, demonstrate competency in the services covered by the contract. The term “support coordinator” as used herein means an individual who has met **all** of the required qualifications and may provide unsupervised services pursuant to this contract. Contractor and all staff providing support coordination services shall maintain competency in the skills necessary to perform effective, ethical and safe coordination of the care received by the individuals they serve. Support coordinators shall:

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- a. Possess the UDHS/DSPD credential of Qualified Mental Retardation Professional (QMRP) as defined in *Interpretive Guidelines for ICF for Persons with Mental Retardation (W159-W180)*; *Code of Federal Regulations, Centers for Medicare and Medicaid Services, State Operations Manual-Appendix J*, pages 77-87;
- b. If providing services to those with Acquired Brain Injuries (ABI), also possess the DHS/DSPD issued credential of Acquired Brain Injury Support Coordinator (ABISC);
- c. Successfully complete a Contractor or DSPD core training course to allow them to competently gain access to the DSPD USTEPS system, enter data whenever required and generate and review reports as required of their support coordination duties. Contractor staff shall incorporate the use of the USTEPS HELP tool in training http://168.177.185.72/helpmanual/webhelp/USTEP_Manual.htm. *The DSPD course will be offered to the Contractor and the Contractor's staff at no cost. The Contractor shall be responsible for any expenses associated with attendance of the course; and,*
- d. In accordance with Utah Code §§ 62A-2-120 through 122 or Utah Administrative Code, Rule R501-14, direct-care service staff working in an employment or volunteer capacity shall pass an initial screening and annual background screenings consistent with current DHS Office of Licensing (DHS/OL) requirements.
- e. All support coordinators shall achieve annually no less than 30 hours of continuing education in fields of study related to the performance of (relevant to) their support coordination duties, and will successfully complete all learning assessments routinely offered as part of these continuing assessment activities. Support coordinators providing services to persons with Acquired Brain Injury must complete at least ten (10) of the required 30 hours in areas of study or instruction that are relevant to the field of acquired brain injuries. Contractors who fail to complete the required continuing education requirement for any staff will notify their DSPD administrative program manager (APM) timely to allow, if necessary to meet supervision requirement, for an orderly transfer of caseload until staff is qualified.
- f. be trained in the training requirements as outlined in applicable Home and Community Based Waiver, rule, statute, and Support Coordination Standards (found in Appendix A) and Medicaid waste, fraud, and abuse prevention.

Comment [ca5]: Std G.4; see Paul S & Bob D on requirements and measures

2. Professional Conduct and Ethics

Support coordinators shall:

- a. Always act in an ethical and professional fashion and conform their behavior to the standards promulgated in the most current version of the Utah Department of Human Services Provider Code of Conduct and the Utah Division of Services for People with Disabilities Code of Conduct at all times;
- b. Conduct themselves in a professional fashion at all times and shall treat those they serve as well as their families and representatives, and representatives of provider agencies or other human services agencies, either governmental or private, with courtesy, respect and dignity at all times;
- c. Maintain a professional relationship with those they serve, their families and representatives at all times and shall always refrain from entering into a dual relationship with the individuals they serve and shall not engage in any sexual abuse or sexual exploitation, as defined in the most currently promulgated version of the Utah Department of Human Services Provider Code of Conduct and the Utah Division of Services for People with Disabilities Code of Conduct;
- d. Not abuse, neglect, exploit or maltreat clients in any way, whether through acts or omissions or by encouraging others to act or by failing to deter others from acting;
- e. Refrain at all times from entering into any circumstances which might cause a conflict of interest for the support coordinator and shall immediately disclose in writing any circumstance which might cause a conflict of interest to their DSPD Program manager using the currently approved DHS/DSPD Conflict of Interest Disclosure form. Support coordinators shall refrain from entering into any circumstances which might create a conflict of interest after disclosing such circumstances until they receive approval in writing from the Director, DHS/DSPD;
- f. Maintain the privacy of the individuals and families they serve at all times and shall not conduct business or duties surrounding an individual they serve in the presence or awareness of others not materially involved in the care of the individual. Support coordinators shall protect their records, notes, memoranda and all other files, either electronic or written from discovery by those not materially involved in the care of the individual; and,
- g. Neither gives nor receives any inducements, incentives or other gratuities to or from any individual they serve, their families or representatives, or

any other individual receiving services funded by DHS/DSPD or their family or representative.

D. CASELOAD LIMITATION:

1. A support coordinator may not provide services to more than FORTYSIX (46) persons enrolled in a DHS/DSPD HCBS Waiver at any one time unless previously approved in writing by the DHS/DSPD Director.
2. While they are actively pursuing training leading to qualification as a support coordinator, staff may provide support coordination services under the direct and immediate supervision of a qualified support coordinator. In no case shall more than three staff be supervised by a single qualified support coordinator. In this case, supervising support coordinators shall reduce their caseload of persons for whom they are providing support coordination services by a factor of ten for each staff member the support coordinator is supervising.

E. GENERAL SERVICE REQUIREMENTS:

Contractor will comply with the DHS/DSPD Support Coordination Requirements as promulgated by DHS/DSPD and the Support Coordination Standards included as Appendix A. Provision of support coordination services shall include, at a minimum, the following services:

1. Reviewing the Person's comprehensive assessment and identifying services and supports necessary to ensure the person's health and safety;
2. Affording the Person the choice of services and service providers from which the person can elect to receive needed waiver services. The support coordinator is responsible for ensuring that the person and his/her family and legal representative/guardian (if any) have sufficient information in order to make an informed choice regarding the formulation of the Person-centered Support Plan (PCSP);
3. Developing the PCSP and ensuring appropriate support strategies for implementing all of the elements of the PCSP are included in the plan, as well as developing a budget necessary and appropriate for the implementation of all elements included in the PCSP;
4. Consulting the person centered planning team to modify comprehensive assessments and verify the appropriateness of a person's service plan and budget;
5. Providing information to and advocacy services on behalf of the person and legal representative/guardian (if any), including assisting persons in properly lodging

requests for fair hearings with the Utah Department of Health in the case of DHS/DSPD denial of properly requested services as well as assistance in accessing the service provider's Human Rights Committee regarding rights restrictions;

6. Assisting persons in receiving the supports and services specified in their PCSP. This may include assisting persons in gaining access to supports and services from qualified providers or from other sources including but not limited to the Medicaid State Plan, community entitlements, and other informal and natural supports and services required by the person in order to properly address their assessed needs. This may include offering instruction to the person, his/her family or legal representative/guardian (if any) about means by which they can access services independently when other funding sources become unavailable;
7. Monitoring the services afforded the person pursuant to their PCSP in order to ensure that services are delivered in the quantity and quality intended. Such monitoring shall include:
 - a. Interviews with the person;
 - b. Direct observation of supports provided by contracted or employed providers or supports;
 - c. The assessing of the knowledge of contracted or employed staff in the use and application of behavioral supports, medical conditions pertinent to the person and support strategies for the person;
 - d. Reviewing on a monthly basis provider or staff documentation of services provided to the person; and,
 - e. Assessing the person's progress and continuing need for the services being provided.
8. Monitoring on an ongoing basis the person's health, welfare, safety status and waiver eligibility and initiating appropriate changes in the person's assessed needs and prescribed services, including support coordination services in the person's PCSP, and reporting such changes to DHS/DSPD as required in the Support Coordination Standards (found in Appendix A) in order to secure approval from DHS/DSPD regarding any changes in the PCSP, including but not limited to changes that may impact the person's budget.
9. Performing comprehensive personal needs and prescribed service needs reassessments, including updating detailed social histories, and writing, reviewing and modifying as needed the person's PCSP in conformity with the intervals specified in the appropriate HCBS waiver. All prescribed services, including support coordination services that are included in the person's PCSP, shall reflect

Comment [ca6]: Requested by Mel

an assessment of need based on AMOUNT, FREQUENCY and DURATION of services required to meet the person's assessed needs as contained within the person's PCSP, regardless of the place of residence of the person within the State of Utah.

10. Maintaining individual case records and documentation in conformity with the DHS/DSPD Support Coordination Standards (found in Appendix A) and using formats prescribed by DHS/DSPD, including the documentation of all support coordination activity rendered to or on behalf of the person; Support coordinators shall therefore create and maintain in USTEPS a consumer activity log note for every visit required, as well as a consumer activity log note for any other significant events or interactions that pertain to the individual's health, safety or progress in achieving support strategy objectives and personal goals specified in the PCSP. Such notes will be created and entered in USTEPS within thirty (30) days of the occurrence of the event or the visit.
11. Monitoring the service provider's requests for payment or other submitted invoices to ensure they are accurate and are submitted to DHS/DSPD in a timely, fashion; Support coordinators will monitor both the spending as well as the remaining budget for the plan year for all prescribed services for each of the persons and families they serve in order to best advise those they serve. Support coordinators will ensure that any adjustments to the budget within the PCSP that result in a decrease in amount, frequency or duration of the prescribed service will be accompanied by a new authorization to bill (DHS/DSPD Form 1056 from USTEPS), issued to the provider, and a Notice of Agency Action (NOA) to a person and/or his/her legal representative or guardian (if any), even if such adjustments are the result of the request or agreement of the person and/or his/her legal representative or guardian.
12. Providing discharge planning and transition services to persons dis-enrolling from a particular HCBS waiver to ensure a safe and orderly transition to other community supports and services;
13. Providing support coordination services *as indicated and required by the person's situation* during times of crisis.
14. Consulting with the DHS/DSPD Administrative Program Managers, as required surrounding:
 - a. Any material change in circumstances for the person that would affect their PCSP;
 - b. Seeking approval and activation of any PCSP or addendum thereto;
 - c. The annual recertification (DSPD log note of on-going eligibility) for a person served by the Contractor;

Comment [ca7]: Added by cb

Comment [ca8]: Standard C.5

Comment [ca9]: Standard B.15 as revised for CAPS changes.

- d. Any disenrollment either voluntary or involuntary;
 - e. The approval of billings (Form 520, Form 295 or other 1-time/emergency payments) for services rendered by providers of services to the persons served by Contractor;
 - f. Following Division Emergency Payment procedure - in conformity with the Support Coordination Standards (found in Appendix A);
 - g. The issuance of any Notice(s) of Agency Action;
 - h. Requests for additional services and funding;
 - i. Transfers of case management to a different Contractor; by choice of person served, or by result of contractor notice to terminate service; The prorated payment of SCE on worker transition-in conformity with the Support Coordination Standards (found in Appendix A);
 - j. Requests/causes for changing USTEPS waiver eligibility code (SM, BM, PM, PN) to the related State-Only code (SG, BG, PG).
 - k. Reporting of critical incidents; and,
 - l. Any other circumstances in which it would be reasonable and prudent to seek consultation with a DHS/DSPD Administrative Program Manager.
15. Having a Quality Monitoring Process that may be externally validated by DHS/DSPD and shall include the following:
- a. An agency self-assessment or accreditation process for DHS/DSPD funded services;
 - b. An established method for responding to concerns identified in the Contractor's quality monitoring and feedback processes;
 - c. An established method for responding to and/or correcting within specified time frames, any areas needing improvement or any areas of non-compliance noted by DHS/DSPD.

Comment [ca10]: Requested by Mel to mitigate waiver denied claims.

F. DIRECT SERVICE MONITORING REQUIREMENTS:

Person-Centered Planning: The Contractor/staff shall oversee compliance with the requirements of the DHS/DSPD Person-Centered Planning process and in providing services as required by the Support Coordination Standards (found in Appendix A).

1. Support coordinators will thoroughly review the records of each new case and will ensure that the case record is complete and will, within thirty (30) days of beginning case management of a new case, meet with the individual and their legal representative/guardian (if any). Support coordinators will, when deemed necessary, convene a team comprised of the individual receiving services, his/her legal representative/guardian (if any), and any other individuals designated by the individual or his/her legal representative/guardian. This team will be called the Person-Centered Planning Team (PCPT) and will thereafter at a minimum be convened at least annually, during the calendar month in which the last Person-Centered Support Plan (PCSP) was recorded. Support coordinators will generate a consumer activity log note in the USTEPS system documenting his/her reviews of the records within thirty (30) days of completion of the review.
2. The PCPT will be convened by the support coordinator in the event of any changes in circumstances that might have a material effect on the individual's life. Support coordinators will document their convening the PCPT via an activity log note in the USTEPS system within thirty (30) days of issuing notice for the convening of the Team.
3. Support coordinators will facilitate the development of a PCSP that considers the individual receiving services' current status along with his/her needs for support to fulfill what is important to the individual and for the individual including the overall healthcare needs of the individual as determined by the individual and team during the PCPT meeting. The PCSP includes the, person-centered profile, action plan and budget.
4. Support coordinators shall ensure that the PCSP reflects supports needed to meet the assessed needs of the individual. The PCSP Action Plan will include Medicaid State Plan services and natural supports when needed/available in addition to Waiver services. Support coordinators will monitor on an ongoing basis the necessity of prescribed services to propose changes or modify the PCSPs of those they serve to reflect changes in the needs demonstrated by the person.
5. The Contractor is responsible for developing the PCSP, including review and approval of submitted Behavior Support Plans, Psychotropic Med Plans, Staff Instruction sheets, and data collection and/or Task Analysis sheets used for skill training or other support.
6. Support coordinators shall ensure that all information required in the PCSP as contained in the USTEPS system will be entered in USTEPS:
 - a. Within fifteen (15) days of the completion of the PCPT meeting, and
 - b. Will activate a PCSP with the concurrence of a Qualified Intellectual Disabilities Professional (QIDP) or Acquired Brain Injury Support Coordinator (ABISC) or DSPD administrative program manager to

Comment [c11]: Standard A.1

Comment [c12]: Standard A.2

Comment [c13]: Standard A.4

Comment [ca14]: Added by cb; do we need more on "medical needs"? XRef Standard B8

Comment [ca15]: Standard A.5

support the individual, no later than the last of the month in which the PCPT meeting occurred; and,

- c. New plans shall always be developed and entered into USTEPS with effective dates that ensure there is no lapse in the preceding plan which it replaces, nor prior to previous plan expiration dates (no overlapping dates) without DSPD administrative program manager approval.
7. Once the PCSP has been developed, the Contractor ensures both that the Person's chosen Providers orients the person to that portion of the Plan that pertains to that provider and that the Person is involved in its implementation.
8. The Contractor shall gather and approve current Support Strategies developed by the Person's service providers.
9. The Contractor shall review Monthly Summaries submitted by self-administered families and service providers to the Contractor. Support coordinators shall monitor that individuals they serve receive supports as specified in the PCSP and that conform to the needs of each person at all times. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to the DSPD administrative program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.
10. Support coordinators shall monitor that each facility and residence visited maintains current and accurate records of the medical status of each individual they serve including current conditions and diagnoses for which the individual is receiving care, the medications the individuals is taking if any, and instructions regarding routes of administration and dosage, a description of potential side effects and the names, contact information and emergency contacts and procedures for all medical conditions. Variances from this standard shall be reported to the Support coordinator's DSPD administrative program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.
11. Support coordinators, via a consumer activity log note generated within seven (7) days of activity, shall document visits, review of monthly summaries, and assess the degree to which services provided at a facility or site are consistent with those prescribed in the PCSP and the degree to which these services are assisting individuals to achieve support strategy objectives and personal goals identified in the PCSP.
12. The Contractor/staff, as a member of the person's Person-centered planning team, shall assist in assessments and meet at least annually (within 12 months of the last Person Centered Planning meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's current

Comment [ca16]: Standard A.7

Comment [ca17]: Standard F.3

Comment [ca18]: Standard B.8

Comment [ca19]: Added by cb

Comment [ca20]: Standard B.10

needs. The Team may meet more often as determined by the Person or other members of the team.

13. The Contractor shall provide discharge planning and transition services to persons dis-enrolling from a particular HCBS waiver to ensure a safe and orderly transition to other community supports and services.

a. Support coordinators shall complete the Medicaid Home and Community Based Program Special Circumstances Involuntary Disenrollment Notice of Intent for individuals who meet the criteria for this type of dis-enrollment and submit it to their DSPD administrative program manager for approval within thirty (30) days of making such determination.

Comment [ca21]: Standards I.1 & I.2

b. The protocol for dis-enrolling a person in jail/prison for 30 days has been described and set in place in the HCBS Community Supports Waiver Provider Manual, paragraph 2-4, which is incorporated in rule R414-1-5-(12). This treats status as a pre-approved involuntary disenrollment rather than a special circumstance dis-enrollment. Dis-enrollment cannot occur without review and approval by BACBS.

Comment [ca22]: Per memo Glen Larsen, BACBS to Rolf.

14. Support coordinators shall ensure that an initial, and annually thereafter, DHS/DSPD Exceptional Needs Screening form (DHS/DSPD Form 928) is completed and placed in the record for all individuals receiving Professional Parent Services (PPS) who are in the custody of the State of Utah within thirty (30) days of initial placement in a professional parent home.

Comment [ca23]: Standard C.8

15. Support coordinators shall ensure that a DHS/DSPD Respite-Intensive screening form (DHS/DSPD Form 929) is completed and placed in the record for all individuals receiving intensive respite (RP3/RP5) services within thirty (30) days of the start of intensive respite services for the individual and annually thereafter, if needed.

Comment [ca24]: Standard C.9

16. Support coordinators shall ensure that a DHS/DSPD Enhanced Supervision and Rate form (DHS/DSPD Form 930) is completed and placed in the record for all individuals receiving supervision at a 1:1 ratio for four or more hours each day, within thirty (30) days of the start of intensive supervision services for the individual, and annually thereafter, no later than the conclusion of the twelfth month of receiving intensive residential or supervision services.

Comment [ca25]: Standard C.10; Division still needs to update web instructions and form to current expectations: ALL enhanced supervision services.

G. PSYCHOTROPIC MEDICATIONS

Comment [ca26]: Need to update to Alan T latest info/requirements

Psychotropic Medications include any drug prescribed to stabilize or improve the Person's mood, mental status, or behavior.

1. For persons on psychotropic medications, the Contractor shall monitor to ensure that the service provider has reviewed a Support Strategy referred to as a Psychotropic Medication Plan approved by the person's physician or nurse with prescriptive privileges. The Psychotropic Medication Plan shall contain the following information for each psychotropic medication to be administered:
 - a. The generic or brand name of the medication; the date on which the medication was commenced on or is to be commenced, and the dosage prescribed.
 - b. A list of the possible side effects for which the service provider should be monitoring. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS).
 - c. A list of the specific behaviors or symptoms targeted by the medication (for purposes of assessing the advantages and disadvantages of the medication).
 - d. A list of other services that are available and would be useful in the treatment of the targeted behavior or symptom and/or any related illness or condition of the person. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies (for example, blood work to check lithium serum, CBC, liver function).
2. The Contractor shall monitor to ensure that all providers who assist persons with the self administering medications conform to the requirements regarding the use of blister-packaging as contained in the service provider contract, and shall encourage providers to have a protocol for the safe and effective disposal of unused or excess medications.
3. The Contractor shall monitor to ensure that the persons' service providers fully comply with the incident reporting requirements contained in the DHS service provider contract, and particularly, requirements that pertain to incident reporting of medication errors, mishaps, and variances. The Contractor shall monitor to ensure that any rights restrictions with medications are regularly reviewed by the service provider's Human Rights Committee by reviewing the minutes of the Human Rights Committee that authorized the specific human rights restriction.
4. The Contractor's support coordinators will monitor that providers who care for an individual who is receiving psychotropic medications will establish and maintain a psychotropic medication plan that will detail the medications the individual takes, their indications and adversities, the dosage and routes of administration, and the contact information for the prescribing clinician, as well as emergency procedures and contacts. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be

Comment [GTL27]: Please explain why "self-administering families" were removed from F.2. This may seem onerous, but they need this information also.

Comment [CB28]: We removed the requirement for SAS families to maintain psychotropic med plans since it is NOT currently an element of the Self-Administered Services Agreement (Form 2-9SA), whereas it IS an element of provider contracts. The Division will revise the Form 2-9SA to include the requirement to maintain a psychotropic med plan for self-administered families and will include a requirement for monitoring of this by support coordinators in the next revisions of the support coordination standards to be issued January 1, 2012.; *ca-additionally, it is the parents' responsibility to understand and administer any medications to their Person.*

reported to the DSPD administrative program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.

Comment [ca29]: Standard F.2

5. Support coordinators shall monitor that each facility and residence visited maintains current and accurate records of Behavior Support Plans (BSP) pertaining to each individual served who has BSP specified in their PCSP, and shall further monitor that all staff present are acquainted with and trained in the implementation of the BSP, are providing adequate supports to individuals served, and collecting data consistent with their BSP and PCSP. Variances from this standard shall be reported to the DSPD administrative program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.

Comment [ca30]: Added by cb

Comment [ca31]: Standard B.9

H. REPRESENTATIVE PAYEE

The Contractor/Staff shall:

1. As per R539-3-5(2), monitor to ensure that services rendered to the person by Personal Budget Assistance (PBA) service providers comply with all Social Security Administration requirements outlined in 20 CFR 416.601-665;
2. Give the Person training, support and opportunities to manage finances to the maximum extent possible;
3. Assure that Persons have full access to and control over their own personal funds unless the person/representative/guardian (if any) has voluntarily signed a DHS/DSPD Voluntary Financial Support Agreement (Form 1-3);
4. May recommend to the person's team to restrict a person's right to manage personal funds, if the person's money, health or safety is placed in jeopardy by severe mishandling, unlimited access or exploitation of funds by the person or others. In such instances, a decision by the person's team to restrict the person's access to personal funds shall be reviewed by the service provider's Human Rights Committee, and no such restrictions will take effect until the restriction is approved by the service provider's Human Right Committee.
5. Ensure that the Person is receiving financial record reviews from the service provider at least monthly, and that they provide:
 - a. Documentation of these reviews, including reconciled financial statements kept in the person's records;
 - b. An accurate record of all funds deposited with the service provider on behalf of and for use by the person is in the person's records. This record shall contain a list of deposits and withdrawals by category of food, rent,

Comment [c32]: Added to clarify

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clothing and leisure. This record shall be verifiable with receipts and/or monthly bank statements.

- c. Substantiate purchases over \$20.00 per item with receipts detailing the items purchased and signed by the person and service provider staff.
 - d. Verify multiple items purchased over \$20.00 with receipts, cancelled checks or monthly bank statements.
 - e. Monitor the person's financial accounts for unauthorized provider charges such as: transportation, furniture, appliances, damages, behaviors, product sales by the provider, or other general charges. Monitor that a provider human rights committee review is conducted for all expenditures of individuals' personal funds by a provider representative payee in compensation for provider property damages in excess of \$500 alleged to have been the fault of the individual. Variances from this standard shall be reported to the DSPD administrative program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.
 - f. Monitor that service providers maintain intact the person's personal inventory.
- 6. Monitor that service provider's staff doing Personal Budget Assistant (PBA), document the handling of personal funds in a way that is not harmful or embarrassing to the person and supports the intent of the income source. The Contractor/staff may recommend the type of financial support a person may need and refer the person to a review by the provider's Human Rights Committee.
 - 7. May act as representative or protective payee only in a situation where, in their judgment, no other knowledgeable, financially competent adult is available to take on the representative or protective payee responsibilities. In such cases, the Contractor/staff shall seek approval in writing to act as representative or protective payee from the DHS/DSPD Director or designee and shall not commence providing services until the necessary written approval is obtained.
 - 8. Shall monitor that, upon receipt of the person's Team approval or a DHS/DSPD Form 1-3, signed by the person/legal representative/guardian (if any), Service provider's PBA staff does manage the major personal business affairs of a person. Major personal business affairs include management of personal funds, checking account, savings account, or other financial matters related to supplemental income. Business affairs shall be managed in a manner that will ensure the person's funds are properly accounted for and are used for the benefit of the person. Any variance from standard financial management procedures must be approved by the provider's Human Rights Committee or requested by the person/legal representative/guardian (if any) and documented in the Action Plan.

Comment [ca33]: Standard D.3

9. Ensure that the person has a petty cash account available to him/her that does not exceed \$50.00 without the service provider's written approval and that records are kept of all deposits and withdrawals to the person's petty cash account.
10. Monitor that Service provider's PBA staff assures the accuracy of personal financial records through monthly review performed by someone other than the provider's staff authorizing expenditures. This review shall include verifying receipts of purchases of single items exceeding \$20.00 in value.
11. Ensure adequate control of finances for all persons served by the Contractor, a quarterly review of monthly financial documentation, bank statement, receipts and purchases shall be conducted by the Contractor for a random sample of persons receiving support. The Contractor staff shall maintain documentation substantiating that approved reviews were conducted.
12. Monitor that Service provider's PBA staff protect the person's funds by using methods such as:
 - a. not writing checks for more than \$50.00 cash a week,
 - b. not using the Automatic Teller Machine for transactions,
 - c. making deposits with no cash back.

These actions, of requiring the person to sign all transactions and establishing a bank record of the total funds received by the person help to protect the person's funds. The Contractor may propose specific limits on a person's access to money and allowable spending amounts for the person's team review and approval.

13. Monitor to ensure that Service provider's PBA staff forward to the Contractor, and to legal representative/guardian (if any) or protective payee the Service provider's monthly financial statement. The Contractor/staff shall review each person's monthly financial statement and immediately report any discrepancies or errors discovered to the DHS/DSPD Administrative Program Manager for further investigation.

Comment [c34]: Rewritten for clarity.

I. PERSONS' PERSONAL FUNDS

Comment [c35]: Rewritten for clarity.

1. In the event of a situation where immediate access to funds is required for the purchase of goods, clothing, or services on behalf of the person ("emergency loan"), the Contractor shall:
 - a. Ensure that the service provider has a process for loaning money to the person and documenting both the circumstances leading to the loan, the amount of the loan and its repayment plan;

- b. Also monitor to ensure that the service provider notified the person's team of the loan and its circumstances and that the loan was approved by the team prior to repayment of the loan by the person; and,
 - c. Ensure all documentation of any loans to a person shall be maintained in the person's record.
- 2. The Contractor shall ensure that a person shall not write checks nor give cash to the service provider's staff or the Contractor, except under the instance of allowable exceptions specified below.
 - a. Reimbursement to the provider for destruction of property by the person, if approved by the team, and allowable by contract;
 - b. Room and board charges; and,
 - c. Repayment of emergency loans authorized by the Person's PCPT.
 - 3. The Contractor shall ensure that provider loans to persons be repaid by the Person to the service provider only in the form of a check.
 - 4. The Contractor shall ensure that provider(s) afford the person access to the person's personal funds in order to cover anticipated expenditures.

J. INCIDENT, CRITICAL INCIDENT, REPORTS AND FORM 1-8

- 1. General Incidents:
Support coordinators shall monitor that provider facilities and residences generate and file with the SCE within five (5) days of occurrence or discovery an incident report using DHS/DSPD Form 1-8 in any instances in which an individual has been suspected of being subject to risk, harm, abuse, neglect, exploitation or has had a medication error or adversity or other medical situation that required urgent or emergent care, has been lost or with whereabouts unknown, or has had involvement with law enforcement, Support coordinators shall thoroughly review all such provider generated reports within seven (7) days of receipt and shall submit them to DSPDINCIDENTS@UTAH.GOV for review by DSPD administration. Variances from this standard shall be reported to the DSPD administrative program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.
- 2. Critical Incidents:
Support coordinators will report **to their DHS/DSPD** administrative program manager, via e-mail or facsimile the occurrence of a critical incident or event within 24 hours or on the first business day after a critical incident or event has occurred or

Comment [ca36]: Standards B.12 & C.6 (as C.6 was adjusted);

Comment [ca37]: To Delete and replace "DSPD regional office"

Comment [ca38]: DSPD added this e-mail address for statewide reporting of incidents to one location.

been discovered by the support coordinator. Critical incidents or events include but are not limited to:

a. Abuse/Neglect Allegations

Incidents of allegations of abuse or neglect (including self neglect), resulting in treatment at a medical clinic or emergency room, hospitalization, or death.

b. Aspiration/Choking

Any aspiration or choking incident that results in the administration of the Heimlich maneuver (e.g. stomach thrusts), emergency medical intervention, and/or hospitalization.

c. Attempted Suicides

All suicide attempts

d. Deaths

Any unexpected or accidental death. All deaths are considered unexpected with the exception of a) individuals receiving hospice care, b) individuals with a terminal disease or chronic end stage disease, c) elderly with general system failure.

e. Human Rights

Human rights violations such as the unauthorized use of restraints – physical restraints, mechanical restraints, chemical restraints (medications), seclusion rooms or infringement on personal privacy rights that otherwise would require a rights restriction plan. Unauthorized use includes any procedure included as a prohibited procedure in R539-3-10; or any intrusive intervention not included in a re-approved BSP and not used and documented as an “emergency behavior intervention” as defined in R539-4-6.

Comment [ca39]: Added by cb

Comment [ca40]: Standard B-12; also show in Standard E2.

f. Injuries

Injuries resulting in admission to the hospital; (does not include ER visits only)

g. Law Enforcement Involvement

Any activity perpetrated by or on a waiver client resulting in an arrest by law enforcement and/or the filing of civil or criminal charges.

h. Medication Administration Errors

Medication errors resulting in treatment at a medical clinic or emergency room, hospitalization, or death.

i. Missing Persons

Participants who have been missing (unexpected) for at least 2 hours and/or persons missing under unexplained, involuntary or suspicious circumstances

and/or persons believed to be in danger because of age, health, mental or physical disability, environment or weather, in the company of a potentially dangerous person or some other factor placing the person in peril.

j. Working or Living Environment

An Event that compromises the participant's working or living environment such as damage (e.g. roof collapse) to the work place or home that requires evacuation and puts a participant(s) at risk

k. Other Reporting Requirements: Following are additional situations for which notification is required.

l. Medicaid Fraud

DHS/DSPD will notify the STATE MEDICAID AGENCY and the STATE MEDICAID AGENCY will notify DHS/DSPD when they become aware of Medicaid Fraud Control Unit investigations of any providers of services to waiver participants.

m. Complaints from Governor's Office or Other Officials

Waiver complaints referred by the Governor's office, constituent services, or any other elected officials

n. Media

Incidents or events that are anticipated to receive media, legislative or other public scrutiny.

This list is not intended to be exhaustive. Any event or incident that, in the opinion of the support coordinator rises to the level of the incidents or circumstances described above should also be reported. Such initial e-mail or fax notification should include only the facts available and known by the support coordinator at the time that the e-mail or fax notification required by this standard is filed.

Support coordinators shall ensure any legal representative/guardian (if any) has been notified and will follow up on incident reports with providers to put effective safeguards and interventions in place and shall verify this has been accomplished during face to face visits, which shall be documented via a log note in the USTEPS system within thirty (30) days of the occurrence of the follow-up visit.

Comment [ca41]: Requested by Director-Office of Public Guardian

Comment [ca42]: Cb added

3. Emergency Behavior Intervention:

Comment [ca43]: Standard C.11

Pursuant to rule R539-4, UAC, support coordinators shall review each Emergency Behavior Intervention per the Form 1-8 received from the provider. Support coordinators shall monitor that, in the event of repeated use of emergency behavioral interventions, the Person-Centered Planning Team (PCPT) shall:

Comment [ca44]: Need to get with Alan T for updates here.

Examine whether Emergency Behavior Interventions are used three times, or for a total of 25 minutes, within 30 calendar days. If it is found that these limits are

exceed, the support coordinator shall ensure that the Team shall meet within ten business days of the date that the above limits are exceeded to review the interventions and determine if:

- a. A Behavior Support Plan (BSP) is needed;
- b. Level II or III Interventions are required in the BSP;
- c. Technical assistance is needed;
- d. Arrangements should be made with other agencies to prevent or respond to future crisis situations; or
- e. Other solutions can be identified to prevent future use of Emergency Behavior Interventions.

The occurrence of such PCPT review and determinations shall be documented in the USTEPS system within fifteen (15) days of the review via a consumer activity log note.

Comment [ca45]: Added by cb

K. HEALTH AND SAFETY AND ELIGIBILITY REQUIREMENTS

The Contractor's support coordinators will ensure that the individuals they serve are supported in a manner that will foster and protect the individual's health and safety and will maintain waiver eligibility.

Comment [ca46]: Standard F.1

Comment [c47]: Added by Mel C

1. The Contractor shall monitor that the service providers ensure persons have opportunities to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the PCSP, as allowed by the person's Medicaid and insurance plans.
2. The Contractor shall monitor that provider(s) ensure persons receive training and assistance to:
 - a. Identify primary health care practitioners;
 - b. Obtain dental and physical examinations.
 - c. Safely follow physician orders;
 - d. Know what prescribed medication is for, how to take prescribed medication properly, including taking it according to the schedule prescribed by the person's physician;
 - e. When needed, to take their medications

3. The Contractor shall monitor that provider(s) immediately contact the appropriate medical professional to report the discovery of any prescribed medication error, including actual missed or suspected missed dosages, misadministration of medication, medication administered at the wrong time, or failure to follow laboratory surveillance schedule as ordered by the person's physician, etc.

The service provider shall document any medication errors that occur in the person's file using a DHS/DSPD Form 1-8 Incident Report Form and shall report errors to the Contractor and to the DSPD administrative program manager within 24 hours of the medication error's occurrence.

4. The Contractor shall monitor that service provider notifies the person's legal representative/guardian (if any) within 24 hours of development of a medical issue for the person, such as illness requiring medical appointments, or an emergency room visit or medical diagnosis for hospice. This does not include medical appointments for general health check-ups.
5. The Contractor shall monitor that provider(s) record any allergies the person has in the person's medical record and that such allergies are disclosed to the person's primary physician.
6. Support coordinators shall monitor that the persons they serve maintain continuous Medicaid eligibility and shall notify their DSPD administrative program manager in writing within thirty (30) days of any changes in Medicaid eligibility status (such as inpatient or incarceration) and shall at the same time generate a consumer activity log note in the USTEPS system detailing the change in Medicaid status. **To receive timely information** (written or verbal) regarding person's Medicaid eligibility status, the Department of Workforce Services (DWS) ESD Form 114AR – Authorization to Disclose Medicaid Eligibility Information must be signed by the person or their authorized representative/guardian (if any) and be on file with DWS. Form must be replaced/updated to specifically identify the current SCE Contractor and actual support coordinator assigned. The form must provide the SCE mailing address.

Comment [ca48]: Added to address Division payment for non-waiver services

Comment [ca49]: Standard B.14 and Per Mel's e-mail of 1/4/2012 to all APMs

L. HEALTH AND NUTRITION REQUIREMENTS

The Contractor shall monitor that provider(s) ensure persons receive assistance in planning meals to meet basic nutritional and dietary needs, food preferences, customs, and appetites.

M. TRANSPORTATION

The Contractor shall monitor that provider(s) provide routine transportation to shopping and other community activities, based on Contractor's and Team's reasonable, professional judgment.

If Transportation is a service offered through a waiver, it only applies to non-medical transportation. In both the Acquired Brain Injury and Community Supports waivers, within the State Implementation Plan limitations section of the transportation service, it explains that medical transportation is not allowed. Further, CMS states in its "Instructions, Technical Guide and Review Criteria" for 1915 (c) HCBS waivers, the following:

Transportation of a waiver participant to receive medical care that is provided under the State Plan must be billed as a State plan transportation service, not as a waiver service. Payment for transportation under the waiver is limited to the costs of transportation needed to access a waiver service included in the participant's service plan or access other activities and resources identified in the service plan.

Comment [c50]: Added by cb; Guidance to SMA by CMS:

N. ACCESS TO COMMUNITY SERVICES

The Contractor shall assist the person in obtaining assistance from community and government organizations, including but not limited to finding housing, applying for food stamps, obtaining Social Security benefits, etc.

O. HUMAN RIGHTS

Comment [ca51]: Standard H.8

Support coordinators shall always advocate for the best interests of the individuals they serve and shall always advocate for the rights of the individuals they serve including but not limited to the right to privacy, the right to make choices of living arrangements, the right to be treated with dignity, courtesy and respect at all times, the right to financial fair-dealings, the right to have unrestricted movement, and the right to have free expression of grievances. Support coordinators shall ensure that any abridgement of these rights when thought to be necessary because of circumstances unique to the individual shall occur only after the concurrence of a duly empanelled human rights committee. The Contractor staff shall oversee compliance with Human Rights process as required by the Support Coordination Standards (found in Appendix A).

P. REPORTS

The Contractor shall submit the reports listed below by the specified due date. If required reports and billings are not submitted in a timely manner, payment may be delayed or denied.

DOCUMENT	DUE DATE
Incident Report Form 1-8	Five business days after the event.
Critical incident notification (as defined in Section E.2) by e-mail or facsimile; dspdincidents@utah.gov	24 Hours or next business day after discovery by SCE.

520 Billings	30 days after the receipt of the DHS/DSPD generated 520 billings
Response to DHS/DSPD initiated	Major deficiency: within 24 hours of notification.
Corrective Action Plan directed to	Significant deficiency: within 10 days of notification.
the SCE contractor	Minor deficiency: within 30 days of notification.
	The definition of Major, Significant and Minor
	Deficiencies may be found at;
	www.hsofo.utah.gov/services_ga_manual.htm

Support coordinators shall furnish any records requested for State or Federal audit and review purposes within 24 hours of request. Records requested for PASRR Level II assessments shall be furnished within two (2) business days of request.

Comment [ca52]: Added by cb for Alan Tribble

Comment [ca53]: Standard C.7 as revised

Q. LIMITATIONS:

1. Place of Business

The Contractor shall not use their private residence(s) as a venue to provide face-to-face support coordination services to persons. Related case management services MAY be provided in the Contractor's place of residence. Contractor shall use telephone and other communications equipment that is dedicated for the exclusive use of the provision of support coordination services.

2. Conflict of Interest

The Contractor shall not contract with DHS/DSPD or with any persons enrolled in any DHS/DSPD program to provide any other waiver services or services contained in the State of Utah Medicaid Plan Medicaid State Plan as found at Health.Utah.gov at the same time it is providing support coordination services pursuant to this contract. The Contractor and each of its employees shall certify to DHS/DSPD prior to signing a contract that they maintain no proprietary or pecuniary interests in any individual or organization currently under contract with DHS/DSPD to provide services of any kind to persons enrolled in a waiver, and that no other individual or organization currently under contract to DHS/DSPD to provide services of any kind to persons enrolled in a waiver maintains any proprietary or pecuniary interest in the Contractor or its employees or staff. Contractors with a governance board shall have no employee or officer of any organization under contract to DHS/DSPD on its governance board, and neither the Contractor nor any of its employees shall serve on the governance board of any other organization under contract to DHS/DSPD. Furthermore, Contractors which are a subsidiary of another organization providing services to persons enrolled in a DHS/DSPD waiver must maintain a governance board that is

entirely independent of, and that shares no members with the governance board for the entity of which they are a subsidiary. Similarly, a Contractor that is a subsidiary of an entity that is under contract with DHS/DSPD to provide services to persons enrolled in a DHS/DSPD waiver shall maintain completely separate accounts, financial records and financial instruments from the entity of which it is a subsidiary. If the Contractor has a fiduciary interest in a person, neither Contractor nor any of its employees or staff may serve on the human rights committees or boards of the service providers serving that person.

3. Marketing of services

The Contractor may not engage in any form of false, deceptive or misleading advertising in any public medium in any form in order to solicit business or induce individuals to engage their services. The Contractor may not offer any incentives or inducements, including financial incentives in order to solicit business or induce individuals to engage their services. Solicitations for business or invitations for individuals to engage the services of the Contractor shall occur only in the individual's place of residence at the invitation of the individual or their legal representative/guardian (if any). The Contractor may engage in public forums, gatherings and meetings to promote or advertise their services. Under no circumstances may the Contractor solicit business or induce individuals to engage its services at the individual's regularly scheduled daytime habilitative or supported employment activity.

4. Marketing materials

All materials either written, printed or electronic the Contractor employs for the purposes of marketing or promoting its business may not be publicly distributed or otherwise disseminated by the Contractor or any third party without first obtaining the prior review and written approval of the Utah Department of Health-Division of Medicaid and Health Financing (UDOH/DMHF) and DHS/DSPD. For the purposes of this section, marketing or promotional materials are those that are intended to; 1) Promote Contractor's services; 2) Inform individuals of the means to obtain Contractor's services; 3) Explain the benefits of Contractor's services; and, 4) Explain the role of Contractor's services within the HCBS waiver services under which the Contractor is offering service. Such promotional materials include but are not limited to brochures, leaflets, newspaper and magazine advertisements, billboards, posters, telephone directory classified advertisements, internet web-sites and advertisements, electronic slideshows and presentations, and any engraved or printed promotional objects such as pens or notepads, as well as individual or mass-mailed letters or e-mails of solicitation.

5. Information technology and security of records

The Contractor will ensure that all persons'(s) records, written, printed or electronic are maintained in a safe and secure fashion that prevents viewing, duplication, sharing or access by any unauthorized individual, utilizing the DHS/DSPD Utah System for Tracking, Evaluation, and Planning Services (USTEPS). The Contractor and the Contractor's authorized employees (Support

Coordinator, or Administrator/Auditor) shall each obtain individual user IDs and passwords from the DHS/DSPD USTEPS system administrator or designee via USTEPS Access Request Form, and shall not share these User IDs or passwords with anyone. Access to the USTEPS system shall only occur using the individually assigned User ID and password for the actual user accessing the USTEPS system at that moment. For any worker who terminates, including transfers to their own or another contract the Contractor will immediately secure all records and notify DHS/DSPD contract unit (currently Becky Dalby) via scan and e-mail on company letterhead to have original DSPD USTEPS Access Request Form updated and to terminate systems access. Failure to comply with records and system access security requirements may result in serious and financially costly consequences.

Comment [ca54]: Ca Added to address issue of security and timely notice.

6. Payment Withholding

The Contractor will timely review and approve all bills for services rendered by service providers to the persons served by the Contractor by signing their approval no later than close of business on the TUESDAY following the presentation of the bill by the provider to DHS/DSPD. The visitation, reporting, record-keeping, review and approval requirements specified in this Contract are a material element of performance. If DHS/DSPD concludes that the Contractor's performance of these elements is not conducted in a timely and satisfactory manner as required by this contract and Support Coordination Standards (found in Appendix A), DHS/DSPD may withhold part or all payments under this or any other contract with the Contractor until the Contractor remedies such deficiencies. DHS/DSPD shall give the Contractor prior written notice that the payment(s) will be withheld after thirty (30) days from the date the Contractor received such written notice except if the Contractor has remedied all deficiencies within this period of time, and the notice shall specify the reasons for the withholding of payment(s) and the actions the Contractor must take to bring about the release of the withheld payments as well inform the Contractor in writing of their rights to appeal withholding of payment to DOH/DMHF.

7. Continuous Services

The Contractor will always ensure that the persons they serve are provided with continuous SCE coverage even in the event of planned or unplanned absences by the Contractor or the Contractor's staff. In the event of such absences, the Contractor shall have a written plan to ensure continuity of coverage that includes the name and contact information of a DHS/DSPD Contractor currently qualified and certified to provide SUPPORT COORDINATION-EXTERNAL services who has agreed IN WRITING to provide coverage during Contractor's absence, the dates and times of the expected absence, and emergency procedures pertinent to the person(s) affected by Contractor's absence. Contractor will notify their DHS/DSPD administrative program manager of any planned absences that would require coverage at least 24 hours prior to the start of a planned absence, and as soon as possible in the event of an unplanned absence.

8. Acceptance

By signing the DHS/DSPD Form 1056, the Contractor agrees that it accepts the person's case for which the form was issued "as is" from the date of Contractor's signature. The Contractor shall have responsibility for the status and conduct of support coordination services for the person's case, including all documentation surrounding the case, from the date of acceptance until such time as either the Contractor or the client state their intention to cease the continuation of support coordination services by the Contractor. In the event that the person expresses their desire to cease receiving support coordination services from the Contractor, the Contractor will be allowed a period of two (2) weeks to remedy any complaints the person may have expressed. If such complaints persist for the person after this two-week period and the person still desires to receive support coordination services from another source, the case will be transferred to a DHS/DSPD administrative program manager for reassignment. If the Contractor desires to cease providing services to the person, they will provide written notification of that intention at least 30 days in advance to the person and/or their legal representative/guardian (if any), as well as to their DHS/DSPD administrative program manager, and the case will be transferred to the DHS/DSPD administrative program manager after the 30 day period has elapsed, for reassignment.

9. Forms and other materials

The Contractor shall only use forms and other materials to conduct support coordination that have been previously approved for use by DHS/DSPD in consultation with the UDOH/DMHF.

Support:

Actual type of activity, amount, frequency and duration of private support coordination services will depend on the program, habilitation, and health and safety needs of the Person supported.

Rate:

Support coordination services shall be compensated based on a monthly per person per month (PPPM) rate. In the event two or more Contractors provide services to a person in a single month, the monthly rate may be prorated between them. The monthly rate at which the Contractor will be compensated shall be negotiated on an annual basis with the Division of Medicaid and Health Financing (DMHF).

Comment [ca55]: Per SCE contract amendment #1

Contractor Actions Leading To Recoupment of Funds by DHS:

Errors made through mistake, negligence or malfeasance by Contractor which result in a recoupment of funds from DHS/DSPD by the UDOH/DMHF or the Center for Medicare and Medicaid Services (CMS) will be deducted from payment to the Contractor or recouped from the Contractor at a sum equal to the total amount recouped by UDOH/DMHF or CMS from DHS/DSPD for errors attributable to the Contractor up to the maximum of the amount paid to the Contractor for their services. Such errors include but are not limited to: 1) Failure to perform an annual and timely reevaluation of the

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PCSP with the Person-centered Planning Team during the calendar month when the last PCSP was created; 2) Failure to ensure service delivery and expenditures consistent with the prescription of services and budget contained within the PCSP; Such recoupment may occur at any time that recoupment is claimed by UDOH/DMHF or CMS and paid by DHS/DSPD, even if this occurs after the termination of Contractor's contract with DHS/DSPD. In the case of any recoupment, DHS/DSPD will inform the Contractor in writing of the intended recoupment and the basis of the recoupment, as well as inform Contractor of its right to appeal such recoupment to UDOH/DMHF.

DRAFT

Appendix A -- Support Coordination Standards

Support coordination standards apply to all providers of support coordination services. Support coordination is successfully performed when the entire contract, including the following standards, is met:

Table of Contents:

A Planning

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2. SIS Update

B Monitoring

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6. Non-medical transportation

G Training

1. PCSP training and competency
2. PCSP competency in action – sample based audit

Note: The USTEPS HELP manual should also be accessed as many procedural processes are explained using text and screen shots.

USTEPS HELP tool

http://168.177.185.72/helpmanual/webhelp/USTEP_Manual.htm

A. PLANNING

- A.1 In preparation for the initial or annual PCSP planning team meeting, the support coordinator will confirm that a Supports Intensity Scale (SIS) has been administered within the preceding three (3) years of the date of the anticipated meeting and will review the results of the SIS no sooner than sixty (60) days preceding the meeting. Support coordinators will generate a consumer activity log note in the USTEPS system documenting his/her reviews of the SIS within thirty (30) days of completion of the review.
- A.2 If the support coordinator believes, after this review, that the most current SIS no longer accurately reflects the needs of the Person, the support coordinator will document their concerns and request of their DSPD program manager in writing that a new SIS be completed. If a new SIS is obtained, the Support Coordinator will review it prior to the occurrence of the PCSP team meeting.

Comment [ca56]: Review with Alan T; issues: SIS Shopping or change in APM/SCE/SIS worker

B. MONITORING (see new monitoring table for B1 to B6 at end of Appendix A document)

- B.1 Support coordinators shall conduct face-to-face visits with individuals served no less frequently than once every ninety (90) days or at a rate directed by the DSPD program manager.
- B.2 Support coordinators will visit individuals receiving the residential supports of RHS, HHS and PPS no less than once every thirty (30) days or at a rate directed by the DSPD program manager. Such visits shall occur in the person's place of residence at least once every sixty (60) days. However, no more than two (2) of these visits during each plan year may occur at other naturally-occurring settings within the Person's community provided that the support being offered to the Person during those visits shall be rendered by staff of the residential care provider.
- B.3 Support coordinators will visit individuals receiving supported living residential supports of SLH, SLN and SL1 in their place of residence no less than once every sixty (60) days or at a rate directed by the DSPD program manager, unless the individual is receiving residential supports rendered solely within the home of their immediate family in which case the support coordinator will visit the individual in their place of residence no less than once every ninety (90) days.

Comment [GTL57]: The SMA already agreed that we had no issues with this change. However, we have filed it in a folder to discuss the next time we amend or renew the DSPD waivers so that this exact language can be considered for inclusion in the SIP for specificity.

- B.4 Support coordinators shall conduct on-site visits with individuals served at their day supports no less than once every sixty (60) days and will visit those receiving services at supported employment sites no less than once every ninety (90) days or at a rate directed by the DSPD program manager, considering the need to minimize intrusions or disruptions to work environments in order to monitor for healthy and safe conditions.
- B.5 Support coordinators shall visit the place of residence of individuals receiving only day supports and residing within their immediate family's home no less than once annually or at a rate directed by the DSPD program manager in order to monitor for healthy and safe conditions.
- B.6 Support coordinators shall document their observations during each visit or inspection and shall generate a thorough and accurate consumer activity log note in the USTEPS system within thirty (30) days of the conclusion of their visit or inspection detailing the purpose for the visit/inspection, the individuals and/or staff visited, the objective observations gathered during the visit, their assessment of the adequacy of the manner in which services are delivered, recommendations for remediation given to the provider or provider staff, if any, and actions taken by contractors or self-administering families in response to the recommendations for remediation rendered by the support coordinator during their visit. Simultaneously, support coordinators shall monitor that each facility and residence visited is safe, in good repair, and free from any hazardous condition and is maintained in a sanitary fashion. Support coordinators shall take action to resolve such variances upon discovery. These variances shall be reported to the support coordinator's DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.

Comment [c58]: Rewrite team requested one standard to document all visits and/or to have a "table" to reflect B.1 to B.6 requirements showing location, frequency, documentation of visits, documentation of issues and actions

C. RECORD KEEPING

- C.1 Support coordinators shall ensure that a current and valid DHS/DSPD Eligibility Decision Snapshot and a DHS/DSPD Level of Care Determination (as well as a DHS/DSPD Choice of Service for those enrolled after July 1st, 2008) is maintained in the individual's record at all times. Support coordinators shall notify DHS/DSPD administrative program manager of temporary or on-going changes of major health status or of inpatient services so as to update Level of Care Determination, and a consumer activity log note shall be generated within seven (7) days of discovery.
- C.2 Support coordinators shall ensure that a current and valid DHS/DSPD Eligibility Decision is reflected in the current PCSP and active PSA.

When a "new plan" is generated it will "auto populate" the M=Medicaid check box on the PSA Budget. This M "check box" will then be reflected on the plan budget summary page (PART III) and the column "Financial Eligibility" will

reflect as waiver by waiver (SM, BM, PM, PN) or non-waiver eligible (SG, BG, PG). These fields need to be reviewed regularly to ensure they reflect Medicaid eligibility where possible. Please note that non-waiver eligible service lines receive no MEDICAID funding. While financial eligibility may “temporarily” drop due to spend down, the M box should not be changed without approval of the DSPD program manager. *Normally, Work Force Services will initiate a disenrollment from waiver eligibility where a re-enrollment will not take place or will not be backdated. Person’s whose waiver eligibility is truly “State only” may only be supported by a State worker as no SCE service funding is available.*

Comment [ca59]: Standard added by Mel to address funding issues.

- C.3 Support coordinators shall monitor that a complete and current PCSP including Needs Assessment, Person-Centered Profile, Action Plan, Budget and Signatures is maintained in USTEPS and the Person’s record at all times. Support coordinators shall ensure that the PCSP addresses and documents all pertinent aspects of the Person’s life on the USTEPS Consumer screens including but not limited to: Assessment, Financial, NOA, Demographics, In Service, PCSP, Eligibility, Legal (including legal representative/guardianship and court events), Medical, General and any other facts in the Person’s record which could reasonably be expected to aid in the effective provision of support coordination services to the Person served.

Comment [ca60]: Linked to USTEPS Consumer Screen headings rather than making a list here.

Changes in the PCSP that occur shall be documented in the USTEPS system through Addendums, including signatures, entered within fifteen (15) days of the decision of the PCPT to change or modify the plan. Dates of services rendered as a result of a PCSP must be the same as the period of time covered by the PCSP.

- C.4 Support coordinators shall ensure that USTEPS system reflects a current residential address, using USPS format, and additionally ensure that USTEPS system reflects a current mailing address if different than the residential address.

Comment [ca61]: Seeking to resolve an on-going issue of knowing where to currently find persons in community, to allow for improved audit sampling and survey sampling contacts.

- C.5 Support coordinators shall ensure that the individual receiving services or their legal representative/guardian (if any) signify their agreement with the choice of community based services as well as with the PCSP by signing and dating the DHS/DSPD Choice of Service Form 818 and the PCSP within thirty (30) days after the completion of the initial PCSP, and sign within thirty (30) days any revisions or addendums to the original PCSP.

- C.6 Support coordinators shall ensure that any individual budget work sheet (IBWS) they create or modify to establish rates for work-sheet based services (currently RHS, HHS, PPS, SEI, DSP, DSI and DSG) shall be retained in the consumer’s record and shall be conveyed to the provider of the work-sheet based service and the support coordinator’s DSPD contract analyst in the form of the completed original electronic Excel file of the IBWS (sent to the Contract Analyst via email) within thirty (30) days of the creation or modification of the IBWS.

Comment [GTL62]: Within DSPD’s detailed service descriptions, it explains that for DSG (Daily Supports Group), “hours of support are established in the person’s worksheet.” There is also such a reference for DSP (Day Supports-Partial Day). However, for SEI and DSI, there is no such reference to a worksheet. Please update these service descriptions accordingly.

Comment [CB63]: We will add the specification that DSI and SEI are worksheet rates to the service descriptions in our next-issued revision of the DSPD ID.RC/ABI master contract.

- C.7 Support coordinators shall visually review the records pertinent to the health and welfare of the Persons they serve as maintained in the Person's residential and day-support settings no less than once every 90 days to ensure completeness, accuracy and currency of those records. The support coordinator will notify their DSPD administrative program manager of any deficiencies noted in the Person's record during these inspections and reviews within seven (7) business days of the occurrence of the review and shall also document the occurrence of any review and their findings in a consumer activity log note within the USTEPS system within seven (7) business days of the occurrence of the review.
- C.8 Support coordinators will ensure no SCE service billing is submitted to Division when Person is non-eligible due to such events as: inpatient status lasting over an entire billing period, incarceration (jail/prison) status lasting over an entire billing period, out-of-state trip lasting over an entire billing period, when no documentation of a service is available due to having no provider service summaries to approve, no provider service billings to approve, no person protective payee records to review, no visitations happened, no PCSP or PSA documentation is recorded, person was found non waiver eligible by WFS, or for on-going financial non-eligibility due to spend down issues.

Comment [ca64]: Added by Mel to address payback situations.

D. FINANCIAL MANAGEMENT

- D.1 Support coordinators will ensure timely review and approval of all bills for services rendered by providers of service to the persons served by the support coordinator by signing their approval no later than close of business on the TUESDAY following the submission of the DHS/DSPD Form 520 to the support coordinator. Bills for services rendered that the support coordinator are unable to validate will be referred to the DSPD program manager, along with a copy of notification of issues also sent to provider within seven (7) days of receipt along with written correspondence (including electronic) indicating the reasons that prevent validation, and support coordinators will generate at the same time a consumer activity log note regarding this matter in USTEPS.
- D.2 Support coordinators will review and validate timesheets of employees of self-administering individuals as needed, but will review at least annually the current status of each employee and conduct a thorough compliance review for each self-administering individual served. Support coordinators will also conduct a thorough review at any time during which the support coordinator suspects falsification or fraud in the preparation of timesheets, or at the direction of their DSPD program manager. The results of these reviews will be submitted to their DSPD program manager. Timesheets which the support coordinator is unable to validate will be referred to the DSPD program manager within seven (7) days of receipt along with written correspondence (including electronic) indicating the reasons that prevent validation, and support coordinators will generate at the same time a consumer activity log note regarding this matter in USTEPS.

Comment [ca65]: Need to reconcile the "revised" SAS forms in possession of Stephen Mikita; using the SAS Review checklist for more than new employees; reviewing time sheet detail and related service notes for content and format

- D.3 Support coordinators shall monitor that a provider human rights committee review is conducted for all expenditures of individuals' personal funds by a provider representative payee in compensation for provider property damages in excess of \$500 alleged to have been the fault of the individual. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.

Comment [ca66]: Show both contract and in appendix A

D.4 Emergency Payment Procedure

Provider Payment Overview:

The Contract, Approval and Payment System (CAPS) is used by the Department of Human Services (DHS) to manage all the information it gathers and maintains about providers, service codes, contracts, provider approvals, purchased service authorizations and payments. In addition to maintaining data about contracts and payments, CAPS contains a series of validations that controls what a provider can bill and be paid for. The Division of Services for People with Disabilities (DSPD) has integrated its case management system (USTEPS) with CAPS such that Purchased Service Authorizations (PSA) and payments are generated by USTEPS and submitted to CAPS for processing. If the data contained in a PSA and/or a payment violates any of CAPS's validations (including monthly max), then CAPS rejects and prevents the data from being processed in its database.

Comment [ca67]: Added per Clay/Rick/Mel to address process issue

In general, the worker is expected to ensure that the data contained in USTEPS's Person Centered Support Plan (PCSP), the PSA, and the payment is accurate and complies with CAPS's validations. However, a valid exception may occasionally occur that justifies the provider being paid for services rendered even though the data in the PCSP, the PSA and/or the payment may violate a CAPS validation. When a valid exception occurs, the worker can request the payment be processed with a methodology called "Emergency Payments". An Emergency Payment is made directly against the provider's "provider approval" in CAPS rather than the extra conditions imposed by the PSA.

Emergency Payment Procedure:

An "Emergency Payment" is used to address payment issues that occur after a PCSP is closed (i.e. the PCSP cannot be modified after it is closed).

Consequently, if a payment issue occurs, or has any degree of risk for occurring, **while the PCSP is still open**, then the worker is expected to identify and resolve it before the plan closes.

In order for an "Emergency Payment" to be processed, the following steps must be completed:

1. The worker must verify that the issue which necessitates the emergency payment cannot be resolved in the plan (i.e. because it is closed).
2. The worker must document the issue in the consumer's log notes.

3. The worker must work with their payment tech to ensure that the provider invoice is completely filled out and signed by all of the parties who are required to do so.
4. The worker must submit the invoice (hand write), including any applicable documentation, to the DSPD state office for review.
5. If state office staff request additional information to render a decision about the payment, then the worker should provide it within 24 hours of the request.

- D.5 PCSP – Month 12 budget modifications and monthly max issues on closed plans: As a part of completing the “Annual Review of Goals and Services”, the worker is expected to examine the prescription of service and the units that remain in the plan. Support coordinators will ensure timely review of the remaining service units in the plan that is closing. Then, during the planning meeting for the new plan cycle, the worker should talk to the provider(s) about the units that remain for the 12th month of the old plan to ensure everyone understands what is available to be paid/used and to analyze if the monthly max controls need to be modified for month 12. If an issue is discovered during the planning meeting that affects the plan that is closing, then the worker should work to resolve it before the old plan is formally closed.

Comment [ca68]: Added by Mel & USTEPS team to address critical process problem.

- D.6 SCE service code – prorated payment on SCE transition: If required and approved by the DSPD program manager, the final month SCE billing by a Contractor may be prorated. Prorated SCE service payment may be required if the Contractor voluntarily or involuntarily ceases operations (with minimum 30 day contract notice given or received) or per the documented transition request of the person served. *A service worker transition WITHIN a Contractor does not apply.* Support coordinators will ensure timely review of the remaining SCE service unit in the plan that is closing and, if needed, calculate a prorated end date and payment request. The “normal” transition between two SCE providers or for a contract termination is expected to be effective with the beginning of the new month. The “old” SCE is expected to complete all documentation, logs, provider payment approvals, and PCSP adjustments required in order to receive a final payment.

Comment [ca69]: Added by Mel & USTEPS team to address critical process problem.

E. HUMAN RIGHTS

- E.1 Support coordinators shall ensure that the individuals they serve are treated in a manner consistent with the requirements of the *Utah Department of Human Services Code of Conduct* and the *Utah Division of Services for People with Disabilities Code of Conduct* in all aspects of the services they receive and will always advocate on behalf of the individuals they serve to ensure that individuals are treated with dignity and respect at all times. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.
- E.2 Support coordinators shall monitor for any human rights restrictions and ensure a process for adjustment or removal, so that restrictions to individuals’ privacy,

mobility, activities of daily living, right to refuse medical care and medication, use of restraints, and management of financial resources occur only after the proper review and approval of a duly empanelled provider human rights committee. Human rights violations such as the unauthorized use of restraints – physical restraints, mechanical restraints, chemical restraints (medications), seclusion rooms or infringement on personal privacy rights that otherwise would require a rights restriction plan. Unauthorized use includes any procedure included as a prohibited procedure I R539-3-10; or any intrusive intervention not included in a re-approved BSP and not used and documented as an “emergency behavior intervention” as defined in R539-4-6. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.

Comment [ca70]: Also Standard B-12 incident reports

- E.3 Support coordinators shall generate a consumer activity log note in the USTEPS system within thirty (30) days of any referral for a provider human rights committee review, and shall further document the outcome of such review within thirty (30) days of receipt, in a consumer activity log note.

F. HEALTH AND SAFETY

- F.1 Support coordinators shall monitor that staff of all providers and self-administering families are trained on and maintain current and accurate records of individuals’ medical status, medication regimen, current conditions and diagnoses for which the individual is receiving care, and contact information for all medical caregivers the individual is seeing. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.
- F.2 Support coordinators shall monitor that staff of all providers and self-administering families are trained according to DSPD training requirements pertaining to emergency procedures including evacuation procedures in the event of fire or other natural disasters, procedures to relocate individuals in the event that a facility is rendered inoperable due to natural disaster, procedures to track the whereabouts of all relocated individuals, and shall maintain necessary supplies to support individuals in the event of natural disaster. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.
- F.3 Support coordinators shall monitor that staff of all providers and self-administering families maintain a current plan to know the whereabouts of individuals they serve at all times, and to manage instances during which the whereabouts of an individual become unknown, including procedures for notification of appropriate authorities. Support coordinators shall attempt to

Comment [c71]: Added per cb

resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.

- F.4 Support coordinators shall consult with DSPD nurses and behavioral specialists as needed for expert assistance in addressing the health and safety needs of the individuals they serve, and will generate a consumer activity log note in the USTEPS system within thirty (30) days of receiving such consultation.
- F.5 Support coordinators shall monitor that all individuals they serve are free from abuse, neglect and exploitation and shall immediately report any suspicions of abuse, neglect or exploitation to the nearest peace officer or to Utah Child Protective Services or Utah Adult Protective Services immediately upon formulation of the suspicion. Support coordinators shall also complete a DHS/DSPD incident report Form 1-8 immediately and submit it to their DSPD program manager within 24 hours of discovery or the next business day and shall generate a consumer activity log note in the USTEPS system detailing the nature of their suspicions and the reports that they have filed as a result.
- F.6 Support coordinators shall monitor that use of transportation of a waiver participant to receive medical care that is provided under the State Plan must be billed as a State plan transportation service, not as a waiver service. Payment for transportation under the waiver is limited to the costs of transportation needed to access a waiver service included in the participant's service plan or access other activities and resources identified in the service plan.

Comment [ca72]: Added for Rolf to address ongoing issue.

G. TRAINING

- G.1 Support coordinators shall successfully complete Contractor or DSPD training to acquire competency in the creation and implementation of a DHS/DSPD Person-centered Support Plan and shall demonstrate that competency by successfully completing a routinely administered learning assessment, prior to rendering any independent support coordination services.
- G.2 Support coordinators shall maintain competency in the creation and implementation of a DHS/DSPD Person-centered Support Plan and shall demonstrate such continued competency by submitting periodically to reviews of the propriety and accuracy of their plans by their DSPD Administrative Program Manager. Support coordinators who fail to demonstrate continuing competency according to the assessment of the DSPD Administrative Program Manager shall immediately cease rendering support coordination services until such time as they can successfully demonstrate a restoration of competency to their DSPD Administrative Program Manager.

Comment [ca73]: Standard G.1 & G.2 need to be rewritten to match new core training requirements per DSPD-Lori

Monitoring - Visitation Table (Standards B1, B2, B3, B4, B5, B6)

Std #	Service/Location	Date Range	Face-to-face	Documentation
B.1	With person	No < 90 days or as per APM	Yes	Log note <> 30 days of visit/inspection
B.2	RHS HHS PPS	No < 30 days or as per APM	Yes	Log note <> 30 days of visit/inspection
B.2.1	RHS HHS PPS at residence	At least once <60 days or as per APM	Yes	Log note <> 30 days of visit/inspection
B.2.1	Limitation--→	No more than 2 visits per plan year in other setting & where provided by residential staff		
B.3	SLH SLN SL1	No < 60 days or as per APM	Yes	Log note <> 30 days of visit/inspection
B.3.1	SLH SLN SL1 at immediate family residence	At least once <90 days or as per APM	Yes	Log note <> 30 days of visit/inspection
B.4	DSG DSI DSP RPS	No < 60 days or as per APM	Yes	Log note <> 30 days of visit/inspection
B.4.1	SEI SED SEE SEC? and all respite codes	No < 90 days or as per APM	Yes	Log note <> 30 days of visit/inspection
B.4.1	Limitation--→	“consideration” to minimizing SE work disruptions		
B.5	“only” day & living immediate family residence	At least once annual or as per APM	Yes	Log note <> 30 days of visit/inspection
B.6	Any visit or inspection			Log note <> 30 days of visit/inspection